SENATE MOTION

MADAM PRESIDENT:

I move that Engrossed House Bill 1233 be amended to read as follows:

Page 47, line 12, delete "review whether to allow a physician to adopt" and insert "**oversee the adoption of**".

Page 47, line 15, delete "if such a protocol is recommended by the board." and insert "**in the protocol.**".

Page 53, between lines 20 and 21, begin a new paragraph and insert:

"SECTION 92. IC 25-26-16-1, AS AMENDED BY P.L.1-2009, SECTION 143, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 1. As used in this chapter, "protocol" means the policies, procedures, and protocols of a:

(1) hospital listed in IC 16-18-2-161(a)(1); **or**

(2) physician licensed under IC 25-22.5;

concerning the adjustment of a patient's drug regimen by a pharmacist.

SECTION 93. IC 25-26-16-3, AS AMENDED BY P.L.98-2006, SECTION 27, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 3. (a) At the time of admission to a hospital that has adopted a protocol under this chapter, the following apply:

(1) The admitting practitioner shall signify in writing in the form and manner prescribed by the hospital whether the protocol applies in the care and treatment of the patient.

(2) A pharmacist may adjust the drug therapy regimen of the patient pursuant to the:

(A) written authorization of the admitting practitioner under subdivision (1); and

(B) protocols of the hospital.

The pharmacist shall review the appropriate medical records of the patient to determine whether the admitting practitioner has authorized the use of a specific protocol before adjusting the patient's drug therapy regimen. The admitting practitioner may at any time modify or cancel a protocol by entering the modification or cancellation in the patient's medical record.

(b) ~~Notwithstanding subsection (a)(2), if a protocol involves parenteral nutrition of the patient, the pharmacist shall communicate with the admitting practitioner to receive approval to begin the protocol.~~ The authorization of the admitting practitioner to use the protocol shall be entered immediately in the patient's medical record, if required by the protocol.

SECTION 94. IC 25-26-16-3.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: **Sec. 3.5. (a) This section does not apply to a protocol adopted in a hospital.**

(b) Upon authorization of a physician who has adopted a protocol under this chapter, the following apply:

(1) The physician shall signify in writing whether the protocol applies in the care and treatment of the patient.

(2) A pharmacist may adjust the drug therapy regimen of the patient under the authorization of the physician.

(3) The pharmacist shall review the appropriate medical records of the patient to determine whether the physician has authorized the use of a specific protocol before adjusting the patient's drug therapy regimen.

(c) The physician who has adopted a protocol under this chapter:

(1) shall take appropriate actions to assure that the pharmacist has the appropriate training to administer the protocol; and

(2) may at any time modify or cancel a protocol by entering the modification or cancellation in the patient's medical record.

SECTION 95. IC 25-26-16-4.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: **Sec. 4.5. (a) This section does not apply to a pharmacist who is practicing in a hospital.**

(b) As used in this section, "direct supervision" means that the supervising physician is readily available to consult with the pharmacist while the protocol services are being provided.

(c) This section applies to a pharmacist who:

(1) is employed by, or has entered into a contract with, a physician, a group of physicians, or an outpatient clinic; and

(2) is under the direct supervision of a physician.

(d) The protocols developed under this chapter must:

(1) be developed by the physician described in subsection (c)(2) and the pharmacist; and

(2) at a minimum, require that:

(A) the medical records of the patient are available to both the patient's physician and the pharmacist; and

(B) the procedures performed by the pharmacist relate to a condition for which the patient has first seen the

physician or another licensed practitioner.

SECTION 96. IC 25-26-16-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 5. **(a)** If a hospital or private mental health institution elects to implement, revise, or renew a protocol under this chapter, the governing board of the hospital or private mental health institution shall consult with that facility's medical staff, pharmacists, and other health care providers selected by the governing board. However, the governing board is the ultimate authority regarding the terms, implementation, revision, and renewal of the protocol.

(b) If a physician elects to implement, revise, or renew a protocol in a setting other than a hospital or private mental health institution, the physician shall consult with a pharmacist. However, the physician is the ultimate authority regarding the terms, implementation, revision, and renewal of the protocol.

SECTION 97. IC 25-26-16-7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 7. A protocol of a health care facility **or a physician that is** developed under this chapter must be reviewed at least annually.".

Renumber all SECTIONS consecutively.

(Reference is to EHB 1233 as printed April 15, 2011.)

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Senator GROOMS